PTO/SB/22 (09-06)

DEC 11 5008

U.S. Pa Under the Paperwork Reduction Act of 1995, no persons are required to respond to a	itent and Trademark Office; L	through 03/31/2007. OMB 0651-003 J.S. DEPARTMENT OF COMMERC i if displays a valid OMB control numbe
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13	Dealest Nivesh	
FY 2006	`	X2850.0048
/ (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48	18).)	
Application Number 09/833,148-Conf. #1646	Filed	April 11, 2001
For METHOD FOR SHARING INFORMATION CONCERNING	G MEDICAL TREATME	ENT OF AN INDIVIDUAL
Art Unit 3626	Examiner	R. S. Glass
This is a request under the provisions of 37 CFR 1.136(a) to exteridentified application.		• •
The requested extension and fee are as follows (check time period	od desired and enter th	e appropriate fee below):
<u>Fee</u>	Small Entity	<u>Fee</u>
x One month (37 CFR 1.17(a)(1)) \$120	\$60	\$120.00
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.		
A check in the amount of the fee is enclosed.		
X Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to		
Deposit Account Number 50-2215 . I have enclosed a duplicate copy of this sheet.		
I am the applicant/inventor.		
assignee of record of the entire interest. S Statement under 37 CFR 3.73(b) is en		3/96).
attorney or agent of record. Registration N	,	•
attorney or agent under 37 CFR 1.34. Registration cumber if acting under 37 CFR 1		·
Signature	De	cember 8, 2006
Signature		Date
Michael J. Scheer	(2)12) 277-6511

12/12/2036 JADDO1 00038033 09833148

Telephone Number

02 FC:1251

120.03 OP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

Typed or printed name

Total of